

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90120 030 \*\*\*143.75

**DOCUMENT # L07000006424**  
 1. Entity Name  
**CHRISTIAN LIFE-TIMES, LLC**



Principal Place of Business  
**14881 AMERICAN EAGLE CT  
 FT. MYERS, FL 33912**

Mailing Address  
**6900-29 DANIELS PKWY, SUITE 346  
 FT. MYERS, FL 33912**

60002786



2. Principal Place of Business - No P.O. Box #  
**2150 COLLIER AVE.**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**SUITE R**

Suite, Apt. #, etc.

01082008 Chg-LLC CR2E083 (12/06)

City & State  
**Ft. Myers FL**

City & State

4. FEI Number  
**20-8260861**

Applied For  
 Not Applicable

Zip  
**33901**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CROOK, BRADFORD  
 6900-29 DANIELS PKWY, SUITE 346  
 FT. MYERS, FL 33912**

7. Name and Address of New Registered Agent  
 Name **Bradford H. Crook**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2150 Collier Ave, Ste. R**  
 City **Ft. Myers** **FL** Zip Code **33901**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **1/17/08**

Signature of individual printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROOK, BRADFORD 6900-29 DANIELS PKWY, SUITE 346 FT. MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE MGR. NANCY CROOK 6900-29 Daniels Pkwy, Ste. 346 Ft. Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: